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SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 OF 130 (check only one)    X   17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		any person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  Langevin for Congress		
Full Name (Last, First, Middle Initial)  A. Michael R. DeAngelis		Date of Disbursement
Mailing Address 15 Greenville Rd		03 26 2015
City State North Smithfield RI	Zip Code 02896-7519	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll		680.17  Transaction ID : VPEBZ9TS1Q1
Candidate Name	Cate	
State: District:		
Full Name (Last, First, Middle Initial)  Capital One  Mailing Address PO Box 30285		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State	Zip Code	
Salt Lake City UT	84130-0285	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Payment  Candidate Name  Category/		
Office Sought:  House Senate President  State:  Disbursement For Other		pe
Full Name (Last, First, Middle Initial)		
Ruth's Chris Steak House		Date of Disbursement
Mailing Address 1801 Connecticut Ave NW		12 09 2014
Washington DC	Zip Code 20009-5759	Amount of Each Disbursement this Period
Purpose of Disbursement Food and Beverage		82.75
Candidate Name Cate		
		*
State: District:		
SUBTOTAL of Disbursements This Page (optional)		1489.63

TOTAL This Period (last page this line number only).....